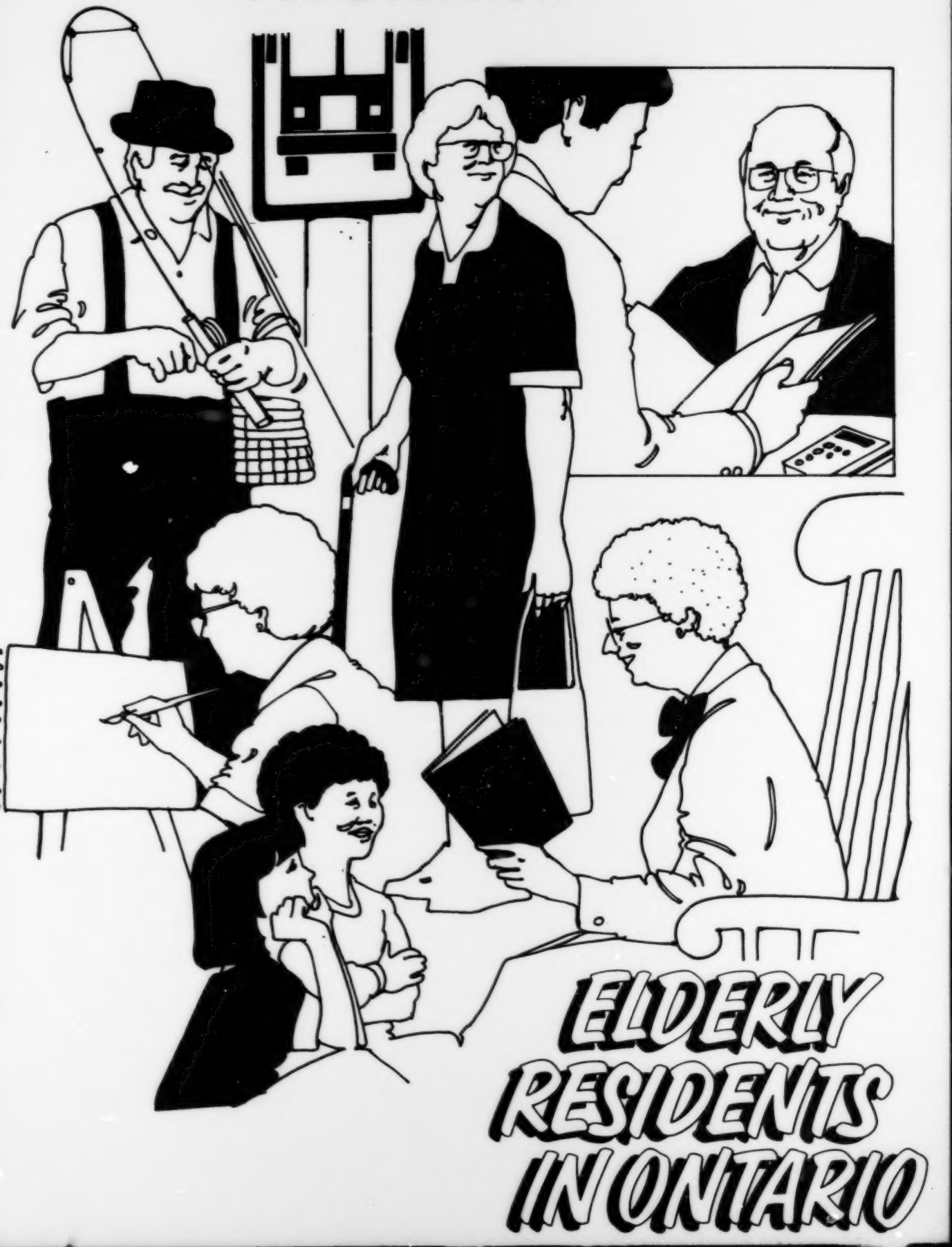
An Overview



ELDERLY RESIDENTS IN ONTARIO

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ELDERLY RESIDENTS IN ONTARIO

AN OVERVIEW

Minister for Senior Citizens Affairs
Seniors Secretariat and
The United Senior Citizens of Ontario
September, 1985

ACKNOWLEDGEMENTS

This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

A special thank you to the United Senior Citizens of Ontario, specifically to their Research Task Force. They conceived the initial idea and provided assistance in the field co-ordination. Reg Screen and Joyce King (USCO past President and President respectively) must be singled out for their dedication and consistent and continuous support.

Thanks are due to New Horizons of Health and Welfare, Canada. They provided the USCO with the grant to fund the project. The Income Security Branch of Health and Welfare Canada, must also be remembered for the provision of the Old Age Security data base from which the sample was drawn.

One hundred and twelve volunteers were recruited to do the interviews. Many thanks to these individuals who contributed so generously of their time.

The project began under the direction of Anna Rose Spina in the former Program Development Branch of the Ontario Ministry of Health. Stephen Newroth served as the project co-ordinator to the completion of the fieldwork. Dr. Arlene Hoffman provided the research expertise for the design of the study, coordinated the field work, did the data analysis and wrote the majority of the papers in the USCO series.

Anne Madigan, formerly with the Ministry of Community and Social Services, co-ordinated the fieldwork in the rural areas.

The Provincial Secretariat for Social Development funded the analysis and report writing stages. Their support has been extremely significant. Particular thanks to the Inter-Ministry Steering Committee: John Nywening, (Chairperson) and David Kennedy, Seniors Secretariat; George Hough, Ministry of Municipal Affairs and Housing; Dorothy Singer, Ministry of Community and Social Services; Joan McCalla and John Thorne, Ministry of Transportation and Communications; and Esta Wall, Ministry of Health.

Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Merle-Anne Ridley
Research Consultant

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario (USCO) survey. The purpose of this paper is to provide an overview of the study's major findings.

In view of the range of topics considered in the USCO survey, it was decided to create a series of papers with each paper focusing upon a particular topic (Appendix 2). Within the series, seven papers are issue oriented, six papers provide profiles of particular groups within the population and one paper deals with the methodology. Finally, this paper provides an overview of the content of the other papers in the series.

The reader is reminded that more complete discussions of the findings are found in each of the papers in the USCO series and it is recommended that they be consulted for elaboration on specific information.

2. THE SURVEY METHOD:

Background to the Study

The United Senior Citizens of Ontario (USCO), an organization representing 250,000 persons conceived the idea of a province-wide study of seniors. In 1981 the USCO initiated a meeting with the Program Development Branch, Ontario Ministry of Health to request research assistance. In view of the growing numbers of seniors in the province and their potential impact on the health care system, the Ministry of Health agreed to offer the necessary support.

Members of the USCO Research Task Force and staff at the Ministry of Health formulated the study's research objectives. The principal objective was to gather baseline information on the living situations of older persons who reside outside of institutional settings. The formulation of this objective was largely a response to the absence of information on this population.

Various provincial ministries offered support for the study. Their support was based on the recognition that the elderly segment of the population in Ontario was growing and future policy and planning would benefit from detailed descriptions of the living situations of older persons residing outside of institutions.

Formulation of Research Questions

The principal objective of the study, i.e. a systematic examination of the living situations of elderly persons who reside outside of institutional settings, was translated into a series of research questions. The questions pertained to recreational participation, social contacts, emergency assistance, ability to carry out activities of daily living (ADLS), receipt of assistance with day to day activities, health status, use of the health care system, transportation use, housing, economic status and demographic characteristics.

The concepts central to these questions were identified, defined and operationalized. In view of the type of information desired, the decision was made to carry out a survey in selected areas across the province. It was felt that the most appropriate data collection method for the extensive data requirements was face to face interviews.

A structured interview schedule was developed for the study. Although most of the questions included in the interview schedule were designed specifically for the study, a number of questions were taken from the "Older American Resources and Services Program Survey" (OARS) and the Massachusetts Health Care Panel Study. The interview schedule was pretested. The final version was 58 pages in length with 99 questions. The administration time was approximately one hour.

Sampling and Data Collection

The population for the study was persons 62 years of age and older who resided outside of institutional settings in Ontario. It was recognized that cost constraints would not allow for a random sample of persons across Ontario and that a more feasible method of sampling would be the surveying of selected communities. The decision was made to select communities:

- o representing different regions of the province
- o of various sizes
- o with a representative proportion of francophones
- o with active USCO clubs

Eight communities were selected: five urban and three rural. The urban communities were Toronto, Windsor, Sault Ste. Marie, Penetanguishene and Brockville. The rural communities were Cookstown, Athens and Bruce Mines. These communities were geographically dispersed in Northern, Southern, Eastern and Central Ontario.

A proportional stratified sample design was used. The sampling frame was the July, 1982 list of persons on the Old Age Security Data Base. The data base, owned by Health and Welfare Canada, is the most complete listing of persons aged 62 and over in the province. It lists every person who receives the Old Age Security Pension (OAS) or the Spouse's Allowance.

The desired number of interviews was 1,000. It was decided to sample 1,400 persons or 40% more than the number of interviews desired to allow for attrition. The number of persons sampled in each community was determined on the basis of the proportion of persons aged 65 and over who resided in communities of comparable size across Ontario.

Interviews were solicited by mail and by telephone calls. All prospective interviewees were sent a letter introducing the study, outlining its purpose and asking for the individual's participation. Participation was voluntary and confidentiality was assured. If an enclosed business reply card was not returned, staff of Health and Welfare, Canada attempted to call all persons and ask for their consent to be interviewed.

The field work commenced in August, 1982. The data collection took approximately three weeks in each of five fieldwork locations. At the conclusion of the fieldwork 846 persons had been interviewed representing an overall response rate of 60%.

Representativeness of the Sample

One measure of the reliability of a survey is the degree to which the sample is representative of the total population. The representativeness of the sample was measured by examining the correspondence between the characteristics of the sample and the characteristics of the Ontario population 65 years of age or older.* Three characteristics were compared: community representation, age distribution and sex distribution.

The proportion of the sample interviewed in each community closely corresponded to the proportion of persons aged 65+ who resided in communities of comparable sizes in Ontario. This comparison is shown on the table below:

Population Size	Percentage Distribution of Persons 65+ by Size of Community in Which They Reside in the Province of Ontario	Percentage of Respondents in the USCO Sample Residing in Communities of Comparable Size
500,000+	34%	31% (Toronto)
30,000-499,000	31%	31% (S.S.Marie/ Windsor)
1,000-29,999	17%	18% (Penetang/ Brockville)
Less than 1,000	18%	20% (Cooks/Athens/ Bruce Mines)

The age distribution of the sample was also found to closely resemble the age distribution of persons 65 and over in the province for all study locations. Approximately two-thirds of the Ontario population aged 65+ were over the age of 70 in all locations ranging from 65% in the largest urban centres to 69% in the rural communities. The sample followed the same trend; 61% of the Toronto respondents were over 70 and 68% of the rural respondents were over 70.

In the sample women outnumbered men consistent with the percentage differences for people 65 and over in the study communities. Overall, women outnumbered men comprising 58% of the total sample. This percentage is consistent with the 1981 Census data for the study sites in which 60% of the population aged 65 and over was female.

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* Data for Ontario Population drawn from 1981 Census Data.

3. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

In this section the demographic characteristics of the sample are reviewed. Included is a description of the respondents' age, sex, marital status, housing, living mates, income, education and employment status.

The age range of the respondents was 62 to 98 years. Sixty percent of the respondents were between the ages of 62 and 74, 33% were aged 75-84 and 7% were aged 85+. The mean age was 74 years. Two respondents were less than 65 years of age and these respondents were recipients of the Spouse's Allowance.

More than one-half (58%) of the respondents were female. Women outnumbered men in all but the rural locations where the percentage of men was slightly higher (51%). The proportion of women tended to increase as the size of the community increased. This trend was most apparent in Toronto where two-thirds of the respondents were female. No statistically significant differences were found in the age distribution of the sexes.

More than one-half (56%) of the respondents were married; 37% were previously married (widowed, divorced or separated) and 7% were single. Women outnumbered men two to one in both the single and previously married groups. Sixty-eight percent of the single respondents were female, and 81% of the previously married respondents were female. Men represented more than one-half (58%) of the married respondents.

The likelihood of being married decreased with age with only three percent of the married respondents being aged 85 years and over. The majority of both the single (63%) and married (70%) respondents were in the youngest age group.

The majority (72%) of respondents resided in houses. Just over one-quarter (27%) resided in apartments and one percent lived in boarding homes or rented rooms. Nine percent of the respondents lived in apartments designated for senior citizens. Two-thirds of all persons (67%) owned their residence. The likelihood of residing in houses was greatest among persons in rural communities, persons aged 62-74, men, married individuals and persons with higher incomes. It is noteworthy that as the income of the respondents increased, the likelihood of residential ownership increased.

The majority (70%) of the persons interviewed lived with at least one other person. Eighty-one percent lived with a spouse, close to one-fifth lived with children; 8% lived with siblings or other relatives and 1% lived with friends.

Less than one-third of the respondents lived alone. The likelihood of living alone was greatest among persons in urban communities and persons 85 years and older.

In the population surveyed 27% of the total sample fell into the lowest income group* (below $600 monthly); 15% were in the second group ($600-799 monthly); 19% were in the third group ($800-999 monthly) and 39% were in the highest group ($1,000+ monthly).

Forty-three percent of the respondents had eight years or less of formal education. Thirty-nine percent had nine to twelve years and 18% had thirteen years or more. Advanced age was related to fewer years of formal education.

Nine percent of the respondents were employed on either a part-time or full-time basis. The employed seniors were most likely to be men, less than 75 years of age and residing in either Toronto or a rural area.

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* During July 1982, when the study was conducted the federal and provincial governments guaranteed the following total payments through the Old Age Security, Guaranteed Income Supplement and Gains-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

4. LIFE IN THE COMMUNITY

The USCO survey covered many issues pertaining to the living situation of elderly persons residing outside of institutions in Ontario. Seven principal topic areas were considered in the analysis of the data. Topics included were health status of the elderly and their use of the health care system, social contacts, providers of assistance and requests for additional assistance, potential and actual use of community services, housing situation, transportation use, participation in leisure activities, and involvement in volunteer activities. The topic areas were chosen following a preliminary review of the data. The issues singled out for examination reflect both the pertinent findings of the survey and the information needs identified at the outset of the study. Each of the topic areas deals with a specific aspect of a senior citizens life, and together they form a composite picture of the life circumstances of elderly persons residing in Ontario communities. This section of the paper is devoted to highlighting the findings related to the life of elderly persons in the community.

Health Status and use of the Health Care System

Health status is a multidimensional concept and for purposes of this study was measured by seven variables including:

a) subjective rating of health

b) comparison of health with five years previous

c) extent to which health conditions stand in the way of doing things persons want to do

d) number and type of health conditions

e) number and type of interfering health conditions

f) use and requirements for assistive devices

g) ability to perform activities of daily living

The information presented was derived from self reports.

The majority (61%) of the respondents considered themselves to be in good or excellent health. Thirty percent rated their health as fair, and 9% considered their health to be poor. Over one-half (56%) of the respondents felt that their health had remained the same over a five year period and over one-third (34%) reported a deterioration in health.

Women and persons 85 years and older were the most likely of all respondents to rate their health as poor and the most likely to report a deterioration in their health.

Despite the fact that the majority of respondents considered themselves to be in "good" health, almost two thirds (61%) reported that they had health conditions which interferred with their daily activities. The respondents reported an average of three to four health conditions and an average of one to two interfering conditions.

The respondents were asked to evaluate their ability to perform nine activities of daily living (ADLS) including such tasks as using the telephone, bathing and shopping. It was significant to find that over 31% of the respondents reported that they required help, or were unable to perform at least one of the nine ADLS. If the respondents indicated a requirement for help with the activity or an inability to do the activity they were reported as having a disability. Table 1 shows that the two ADLS for which the greatest number of disabilities were reported were housework and shopping.

The number of disabilities reported varied by sex and age. Women reported more disabilities than men. As well, as individuals aged, they reported more disabilities.

The receipt of assistance with day to day activities was related to the number of disabilities reported by the respondents. The respondents who reported a larger number of disabilities also received assistance with more activities. Sixty-seven percent of persons who had three or more disabilities received assistance with five or more activities. It is noteworthy that 20% of the persons who reported at least one disability received no assistance. Additionally, almost two-thirds (65%) of the persons with interfering health conditions received no assistance.

With the finding that most of the respondents had no disabilities, it was not surprising to find that the majority of respondents were fully mobile. Ninety-one percent of the respondents indicated they could walk around an average block.

In light of the respondents' health status, an examination was made of the respondents' use of the health care system, specifically, visits with family physicians and medical specialists, hospitalizations and use of community services.

Ninety-five percent of the respondents reported having a family physician and 92% of these individuals had seen their physicians within the 12 month period prior to the interview. The mean number of physician visits over the year was six. The number of visits increased with advancing age; four or more visits were made by 58% of the respondents aged 62-74 compared to 70% of the respondents 85+. Women saw their physicians a greater number of times than did men.

Forty percent of the respondents had also been seen by a medical specialist over the previous twelve month period. The respondents in the largest urban centres (Toronto, Windsor, Sault Ste. Marie) were more likely to have seen a specialist than their rural counterparts. No significant differences were found by age or sex with respect to whether the respondents were seen by a specialist, or the number of times the specialists were seen.

Nineteen percent of the respondents had been hospitalized during the twelve month period prior to the interview. The average length of stay was 24 days. The most frequent reasons for the first hospitalization were surgery, heart related ailments and tests. As the respondents aged they had a greater likelihood of being hospitalized. One-quarter of the 85+ group had been hospitalized compared to 17% of the group aged 62 to 74. The respondents in the 85+ group spent a longer time in the hospital than the younger respondents. Hospitalizations were more common among persons with a greater number of health conditions, persons who rated their health as poor, and persons who received assistance with day to day activities.

Social Contacts, Providers of Assistance and Requests for Additional Assistance

An elderly person's ability to reside outside of institutional settings may be influenced by their social networks and the assistance they receive. This portion of the data analysis focuses on the respondent's social contacts, providers of assistance and requests for additional assistance.

The findings of the study revealed that the majority of respondents had social networks consisting of both family members and friends. Almost all of the respondents (99%) had contact with at least one family member and over two-thirds had contacts with seven or more family members.

The most frequent contacts with family were by telephone. Seventy-nine percent of the respondents had phone contact with a family member at least once a week; 13% had phone contact with family one to three times a week and 8% spoke with family members by telephone less than once a month or not at all. The most frequent phone contact with family members was maintained by women and by the youngest respondents.

In-person visits with family were less frequent than telephone contact. However, almost one-half (48%) of the respondents were visited by a member of the family a minimum of once per week, and a further 28% were visited one to three times per month. The respondents visited family members less frequently than they were visited by them.

The respondent's contact with friends, like those with family members were most frequently by telephone. Two-thirds of the respondents were in phone contact with friends at least once per week, and almost three-quarters (72%) were visited a minimum of once per month. The younger respondents and women in the sample maintained the most frequent phone contact with friends. The younger respondents also received more frequent visits from friends.

The significance of the respondents' social network was emphasized by the role family and friends play in assisting the older persons with day to day activities. The table below indicates the sources of assistance used by the respondents:

Providers of Assistance	Percentage of Total Assistance Provided
Children (daughter - 17%) (son - 11%)	28%
Other Relative	22%
Paid Help	22%
Spouse	15%
Neighbour/Friend	9%
Community Agency	3%
Other	1%
Total	100%

Almost three quarters of all assistance received by the respondents was provided by family members or neighbours/friends. The single most frequent provider of assistance was children, and in particular daughters. The majority of assistance was provided by persons who did not reside with the respondents.

The survey documented the activities with which the respondents received assistance and requests for additional assistance. Twenty-four percent of the respondents indicated requests for additional assistance with day to day activities. The largest number of requests for assistance were in relation to heavy housework, yard work, house repairs, light housework and cutting toenails.

The persons who had requests for additional assistance were compared to those who had no requests irrespective of whether they received assistance. No significant differences among groups were found when the recipients' age, contact with children or frequency of contacts with children were considered. However, differences across groups were found when marital status, sex and number of interfering health conditions of the respondents was examined. The persons most likely to voice requests for additional assistance were widowed, divorced or separated; women rather than men and the persons with a greater number of interfering health conditions. It is apparent that family members and friends play a significant role in assisting older persons with their day to day activities. It is noteworthy however, that the maintenance of regular contact with family and friends does not guarantee that the older persons will not have requests for additional assistance.

Potential and Actual Use of Community Services

In Ontario, a large number and variety of services are targeted at assisting older persons in the community. Despite the existence of the programs the actual use of the services is not well documented. The study sought to systematically examine the type of assistance older community residents require with day to day activities and the providers of assistance.

The potential use of community services was assessed by asking the respondents to indicate the persons/agencies they would contact for assistance should certain situations arise. These situations included transportation, bathing, shopping, personal care, depression, finances, and dealing with the old age security agency.

In the assessment of potential use, the source of assistance cited most frequently was the respondents child (31%) followed by their spouse (21%). The third and fourth most frequently reported sources of assistance were community services (10%) and neighbours/friends (10%). Of significance is the finding that in one out of ten situations community services would be called upon if help was needed.

An examination of the respondents' reaction to the seven situations posed revealed that 44% said they would call on community services for assistance with at least one activity. The priorities given to community services varied considerably by activity. The respondents reported that they would most frequently call upon community services if they required assistance with bathing, if they had trouble with their old age security cheque and needed help dealing with the agency or if they became seriously ill with the flu for a week and needed someone to help take care of them at home.

The only significant distinguishing characteristic of the persons who stated they would contact community services was marital status. The respondents most likely to seek community services were single or divorced/separated. Married respondents were the least likely to say they would call on community services if faced with the situations presented.

The actual use of community services was measured in part by the number of respondents who received assistance from a community service with one or more of the 22 day to day activities. Although 44% of the respondents said they would look to community services for assistance, only 5% of the respondents who received assistance actually used community services for help with the 22 activities. Respondents in the rural areas were the least frequent users of the services.

As the respondents increased in age they were more likely to use the services. As well, the respondents who had a greater number of interfering health conditions were more likely to use community services than the respondents reporting fewer interfering conditions.

Community services were most frequently used for activities of personal care including bathing, taking medication and cutting toenails. Community services were least often used for activites outside of the home.

The respondents' actual use of community services was also measured by their reported use of five specific community services. The five community services were: Visiting nurses (public health or VON); visiting or Red Cross Homemakers, Home Care, Meals on Wheels or Friendly Visiting. Despite the fact that only five percent of the respondents who received assistance had the help of community services, ten percent of the respondents said they received the assistance of at least one of the five community services. Users of these services were most likely to reside in Sault Ste. Marie/Windsor (13%) and least likely to reside in the rural areas (8%) or Toronto (7%).

The users of these specific services were differentiated from the non-users by age, marital status, number of interfering health conditions and number of living mates. Use of these services was greatest among the oldest respondents (85+), the divorced/separated and widowed; respondents with a greater number of interfering health conditions and the respondents who lived alone.

Current Housing Situation and Interest in Various Housing Options

In the USCO study attention was given to the respondents' current housing situation and the type of accommodation they would desire should they have difficulty caring for their own needs. Essential to this examination was a delineation of both the characteristics of the persons who live in differing housing environments and the characteristics of the persons who express interest in various housing alternatives.

The majority of respondents (72%) resided in houses and most (67%) of the respondents owned the residence in which they lived. Nine percent of the respondents resided in apartments specifically for senior citizens.

The respondents who resided in houses differed from those who did not by their age, sex, marital status and income. The respondents most likely to reside in houses were between the ages of 62 to 74, men, married and with monthly incomes exceeding $999.

Over two-thirds of the respondents lived with other persons and the majority (84%) of these individuals lived with one other person. The person most likely to share a home with the respondents was a spouse (81%).

The thirty percent of the respondents who lived alone could be distinguished from those living with others by age, community of residence, marital status and income. The respondents most likely to live alone were slightly older, were residents of urban areas, divorced or separated and had a monthly income which fell below $600 per month.

The satisfaction of the respondents with their housing was evaluated by asking the respondents to indicate if they felt their current residence was too large, too far from services, too far from family, too far from friends or too far from transportation. More than 80% of the respondents answered in the negative to each of these statements. The complaint voiced most frequently by the respondents was that their residence was too far from family (16%).

A very small proportion (5%) of the respondents indicated plans to move in the future and of those who did, the majority said their reason was the difficulty they had maintaining their home. Forty percent of the persons with plans to move said they would be moving into a senior citizens apartment complex.

The respondents were asked to project into the future and consider the type of housing situation they would want should they have difficulty caring for their needs. Seven housing options were presented to the respondents and they were asked to indicate their interest in each. The percentage of respondents who expressed interest in each housing options was:

1. Staying home with community services to assist (57%).
2. Moving into a housing project where some services were available (47%).
3. Moving into a home for elderly persons (45%).
4. Staying home with family to assist (44%).
5. Staying home with friends to assist (36%).
6. Moving in with members of the family (16%).
7. Moving in with friends (3%).

It is noteworthy that in spite of the fact that very few respondents currently received the assistance of community services the most popular housing option was staying home with community services to assist. The respondents who chose this option were more likely to be living in apartments and to have requests for additional assistance with day to day activities.

Although family and friends provided the respondents with the bulk of assistance, the respondents indicated that should they require more assistance they would prefer to receive the assistance from formal services rather than from family and friends. Clearly, the least popular housing option was moving into the home of a family member or a friend.

Use of Transportation

Adequate transportation is a critical enabling factor to the maintenance of independence for older persons. It is a facilitating factor in the integration of older persons into society and into the use of its resources. The examination of transportation in the USCO study focused on the basic transportation modes used by seniors and the associated problems.

Information was gathered on the type of transportation used by the respondents for shopping, medical appointments and social occasions. The findings of the study revealed that the largest proportion (at least 40%) of respondents drove themselves when going to any of these activities. Being driven by others (including spouse, relatives or friends) was the second most frequently used mode of transportation for all three activites. More than one quarter of the respondents were driven by others to each activity. The use of public transportation varied by activity from a low of eight percent for shopping to a high of eighteen percent for social occasions. Residents of Penetanguishene/Brockville were most likely to drive to each of these activities. The respondents living in Toronto made the greatest use of public transportation.

Nine percent of the total sample reported problems with transportation. The number of respondents reporting problems varied across communities. The most frequent problems were cited by residents of the small-urban communities (Penetanguishene/Brockville, 13%) and the least frequent problems were reported by residents of the middle-sized urban communities (Sault Ste. Marie/Windsor, 5%).

Transportation problems were reported most frequently by persons with a larger number of interfering health conditions, by women and by single and widowed respondents.

The respondents were asked to indicate the type of transportation problems they encountered with respect to going shopping, going to medical appointments and going to social occasions. Table 2 shows that the transportation problem identified most often and by more than one-half of the respondents was the absence of persons who could be called upon if a ride was needed. Problems also frequently cited were the inconvenience of public transportation and the dislike of dependency on other persons.

Irrespective of whether the respondents reported transportation problems, they were asked to indicate if they would be interested in having assistance if it was made available. Almost one-fifth (19%) of the respondents answered in the affirmative and specified the type of assistance they wanted. Approximately one-third of the respondents requesting assistance wanted a transportation service that would pick them up at their home; just over one-third wanted the assistance of an accompanying individual when travelling by public or private transportation; and a further 31% expressed a desire for financial assistance with taxis.

Fifty percent of the total sample reported using public transportation. As stated previously, the largest proportion of users were residents of Toronto. The most frequent users of public transportation were also most likely to be women and widowed or single (never-married).

The vast majority of respondents travelled on public transportation without assistance. However, three percent of the respondents indicated that they could use additional assistance. The majority (86%) of these persons wanted an accompanying individual.

Taxis were used less often than public transportation. Thirty-two percent of the total sample used taxis. The most frequent users of taxis resided in Toronto.

The respondents were asked to indicate whether or not additional income, if available, would be spent on transportation. Close to one-third (32%) indicated that additional income would be spent on transportation.

Participation in Leisure Activities and the Barriers to Participation

The USCO study sought to systematically examine the participation in leisure activities by older persons residing in Ontario. The principal areas of concern were the type of activities the respondents participated in, the desire they express with the extent of their participation, and the barriers to participation.

The respondents were asked about their participation in 21 activities. Included were solitary activities, group activities, activities requiring a minimum expenditure of energy and activities requiring considerably more physical energy. Table 3 shows that the respondents' participation varied considerably by activity. Over 80% received visits from family and friends, spoke on the phone with family and friends, went to visit family and read. Over one-half of the respondents gardened, travelled and/or attended a church or synagogue. Less than one-fifth participated in sports or helped out at election time.

The respondents who had been participating in each of the activities were asked if they wanted to participate more than they had already been doing. Of the activities carried out by the respondents, the majority (69%) were done to the respondents' satisfaction.

The activity for which the largest proportion of respondents' desired to increase their involvement was travelling. At least one-third of the respondents said they wanted to receive visits from family, go to visit family, take walks, go for drives, partake in hobbies, go to the theatre and go to sports events more frequently than they had currently been doing.

Of the 846 persons interviewed only five percent said they were satisfied with their participation in the full range of 21 activities considered. The respondents who reported satisfaction with the extent of their participation were distinguished by the fact that the majority were female, were between the ages of 75 to 84, had nine to twelve years of schooling and were British in origin. It is noteworthy that almost one-half (44%) of this group had no interfering health conditions.

The remaining 95% of the sample indicated that they wanted to participate more than they were currently doing or that they wanted to become involved in selected activities. These persons were asked for the reasons for not participating to the extent they desired.

The identified barriers to participation are shown below:

Respondents health problems	23%
Respondents busy (other involvements)	15%
Too expensive	13%
Distance	8%
No companions	6%
No transportation	5%
Others busy	5%
Lazy	4%
Family health problems	4%
No opportunities available	3%
Not sure how to go about it	2%
Other	12%
	100% (Total Sample)

The barrier most frequently cited related to the respondents' health problems.

The type of barriers identified by respondents differed somewhat by community of residence. The most prominent differences were found in relation to expense, distance, absence of companions and lack of transportation. Expense was predominantly reported in Toronto. Distance was most frequently cited in the rural areas; the absence of companions was reported most often in the urban areas. Transportation problems comprised a smaller proportion of the reported barriers in Toronto than in any of the remaining areas.

The demographic characteristics of the respondents, particularly age, income and marital status, discriminated among groups in terms of the type of barriers reported. A comparison of the older respondents to the younger respondents revealed that the older respondents were more likely to cite health, transporation, the absence of companions and being too old as barriers. Older respondents were less likely to report that other involvements and/or expense kept them from participating to the extent they desired.

The respondents with higher incomes had more of a tendency than the respondents with lower incomes to indicate that other involvements and expense were barriers to their participation. They were however, less likely to report transportation as an impediment to their participation.

Marital status was also a discriminating factor in relation to barriers to participation. Widowed respondents more frequently cited health and the absence of companions as barriers. Married respondents had a greater tendency to define other involvements and expense as reasons for not participating as much as they desired. Single persons frequently reported transportation to be a problem.

Participation as Volunteers and Interest in Volunteerism

The USCO study sought to systematically explore the interest of seniors in volunteer activities. Central to this examination was a delineation of the characteristics of the persons who are involved in volunteer work and/or who are interested in becoming involved. With the increasing interest in community-based services for seniors and the belief that seniors can play a significant role in helping each other, both their present role in the volunteer sector and their untapped potential for volunteering were considered worthy of exploration.

Over one-quarter of the respondents were involved in some sort of volunteer activity. The volunteers were most likely to reside in rural communities, to be between 62 to 74 years of age, to have higher monthly incomes and to be of Jewish or British origin.

It is noteworthy that sex was not a differentiating factor with respect to volunteer work. An equal proportion (27%) of both sexes participated in volunteer activities.

The findings of the USCO study revealed the existence of an untapped potential for volunteers. More than one-quarter (29%) of the respondents already involved in volunteer work indicated they would like to do more volunteer work; and an additional twenty-two percent voiced an interest in becoming volunteers.

The persons who wanted to become volunteers had differentiating characteristics from the respondents who did not indicate an interest in doing volunteer work. Those interested in becoming volunteers most likely resided in Toronto, to be between the ages of 62 to 74, to be divorced or separated, to have completed 9 to 12 years of education and to be of Jewish background.

The respondents who indicated either a desire for more involvement or initial volunteer participation, were asked to indicate the reasons for not doing the volunteer work they wanted to. The two most frequent reasons reported were health problems (34%) and being too busy (28%). Of significance was the finding that twelve percent said they were not sure how to go about getting involved in volunteer work.

The respondents were asked about the type of volunteer work they would be interested in doing for fellow seniors. More than one-half of the persons who reported interest in doing volunteer work stated that they were willing to make telephone calls and/or do shopping. Forty percent or more of those interested in volunteering said they would be willing to assist with banking, reading, writing letters, transportation and/or going to social activities. Close to one-third said they would help out with fixing things around the house and/or preparing food.

5. PROFILES OF SPECIFIC LIFE SITUATIONS OF ELDERLY PERSONS

In addition to the seven papers on specific topics of the elderly person's life in the community, six papers consist of profiles of particular groups of elderly persons in Ontario. Within these papers distinguishing characteristics of these groups are identified and discussed in terms of the major issues. The profiles include: the frail elderly, age differences, the single elderly, the childless, income group differences and rural-urban differences.

Age Differences

The elderly are often grouped together to include any person over the age of sixty-five. However, in the USCO study it was very apparent that age was a major discriminating factor in relation to demographic characteristics, health status, type of disabilities, receipt of assistance, sources of assistance, housing preferences and use of transportation.

Three age groups were considered in the analysis: 62-74, 75-84, 85+. Within the paper attention is given to comparing the three age groups. However, particular consideration is given to the respondents aged 85+.

The respondents aged 85+ made up the smallest proportion of the sample (7%)*. Sixty percent of the respondents were aged 62 to 74 and 33% were 75 to 84. Geographically, the respondents aged 85+ were more highly concentrated in the rural areas (30%) than in five urban communities.

The respondents in the 85+ group were characterized by the fact that they were more likely than the respondents in the other groups to be widowed, to fall into the lowest income category, to have fewer years of schooling, to be unemployed, to rent their housing, and to reside alone.

The respondents aged 85+ were in phone contact with family and were visited by family as frequently as the respondents in the other age groups. However, their visits to family and friends were less frequent. Their phone contact with friends was also less frequent.

In relation to recreational activities, the persons 85+ participated in the fewest activities. They were more likely than the respondents in the other age groups to indicate that health, transportation, absence of companions and feeling of being too old kept them from participating to the extent they desired in recreational activities.

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* The proportion within the sample (7%) closely resembled their proportion within the Ontario senior population as a whole.

The health status of the respondents 85+ (as measured by seven self-report measures) was the poorest of the three age groups. They were more likely to perceive their health as fair or poor (49%), report a deterioration in their health over a five year period (47%), report that their health interfered with their performance of day to day activities and have restricted mobility.

The respondents who were aged 85+ used the health care system to a greater extent than those in the other age groups. They made more visits to family doctors and had a greater likelihood of being hospitalized (25%). Once hospitalized, the respondents aged 85+ remained in the hospital for a longer period of time than those who were younger.

Table 4 shows the age differences in the ability to carry out nine ADLS.

For each of the nine ADLS assessed, the respondents aged 85+ were more likely to report difficulty with or an inability (disability) to carry out the activity. The persons 85+ were more likely than the respondents in other age groups to be in receipt of assistance with day to day activities. Seventy-nine percent received assistance with at least one activity. Thirty-nine percent had help with five or more activities.

The respondents in the 85+ age group received the largest proportion of help from family other than children and spouses. Although, only a minimal amount of all assistance came from community agencies, the most likely users of these agencies were the oldest respondents. Community agencies were used by 2% of the persons aged 62-74, 3% of the respondents 75 to 84 and 8% of persons in the 85+ age group.

The majority (62%) of respondents 85+ indicated that should a time come when they are unable to care for their own needs, they would be interested in staying home with the assistance of community services. They were more likely than the younger respondents to express an interest in moving in with family should this situation arise.

The respondents 85+ differed from the persons in other age groups in their use of transportation. They were more likely than the other respondents to walk or to be driven by relatives when going shopping, to medical appointments or to social activities. They were less likely than the younger respondents to drive themselves or to be driven by their spouses. No statistically significant differences were found across age groups in the number of respondents who reported problems getting to the activities.

The Frail Elderly

For the purpose of the USCO study frailty was defined in terms of the extent to which there is difficulty or an inability to personally carry out ADLS*. Respondents who reported difficulty with, or an inability (disability) to manage three or more of the nine ADLS assessed were considered to be frail.

Few efforts have been made to survey the frail elderly as this population is frequently difficult to locate and often hard to interview. A profile on this subgroup was considered necessary given the lack of available documentation. The meaningful characteristics of the frail elderly are indentified by comparing them with the respondents who reported no disabilities and the respondents who reported less than three disabilities.

Ten percent of the persons surveyed were frail. Geographically, the frail respondents were more highly concentrated in the city of Toronto (15%) than in the remaining seven communities. They were generally older than the other respondents comprising almost one-quarter (22%) of persons aged 85+. Frail respondents were more likely than the other respondents to be women, to be widowed, to be in the lowest income group, to live in apartments, to rent their housing, and to live with others.

The frail respondents did not differ significantly from the other respondents in their contacts with family members. However, compared to the other respondents they maintained less frequent contact with friends.

The frail respondents were more likely than the other respondents to perceive their health as poor (37%), to perceive a deterioration in their health over a five year period (78%), to report a greater number of both health conditions and interfering health conditions and to report impaired mobility.

The frail respondents used the health care system more frequently than the other respondents. They made greater use of both family physicians and specialists and had the greatest likelihood of all respondents of being hospitalized.

The frail respondents by definition expressed difficulty with performing many ADLS. The type of disabilities reported by respondents who were frail are shown on Table 5. The activities which posed the most difficulty for the frail respondents were bathing, shopping and heavy housework.

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* The nine ADLS were assessed with the use of the OARS Functional Ability Scale. The ADLS included in this scale were telephoning, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance and getting in and out of bed.

The frail respondents were more likely to be in receipt of assistance with day to day activities than the respondents in other groups (93%). Their most frequent source of assistance was children and they were the most likely of the three groups to use the assistance of community agencies. The frail respondents were the most likely of all respondents to request additional assistance with day to day activites. Their most prevalent requests were for assistance with light housework, heavy housework, yardwork and shopping.

In regard to housing preferences, the frail elderly expressed most interest in staying at home with community services to assist (66%) should they be unable to care for their own needs.

The frail respondents used transportation differently than the other respondents. They were generally driven by relatives to places they had to go. They had the greatest tendancy of all respondents to report transportation problems (22%). They were the least likely to use public transportation (34%) but were the most likely to use the assistance of other individuals if travelling by public transit.

Marital Status Differences

Little information is available on the living situation of older single (never-married) persons. The means by which they manage on a day to day basis is virtually unknown. In light of the fact that they do not have spouses and they are unlikely to have children, the older single persons lack the principal sources of support relied upon by the majority of elderly adults. Therefore, the single persons' living situation was considered worthy of serious consideration.

To place the experiences of the single respondents into appropriate context, their experiences are being compared to the experiences of two other groups: the respondents who are currently married and the respondents who are divorced/separated or widowed (hereinafter previously married).

The single respondents made up seven percent of the sample. Demographically, they were more heavily concentrated in the city of Toronto (10%) than in the remaining seven communities. They were primarily between the ages of 62 to 74 (63%); women (68%); renters (61%) of their residence rather than owners; as likely to live in apartments as houses, and most likely to live alone (61%).

The social contacts of single persons were distinguishable in that they had contact with the fewest family members and maintained the least frequent family contact. In relation to friends, the single respondents were unique in that they maintained the most frequent phone contact with friends.

The single respondents participated in the fewest recreational activities. Ninety-two percent indicated barriers which they reported kept them from participating to the extent they had desired. Health was the barrier cited most frequently, followed by being too busy, and expense. The single respondents were the most likely of the respondents to cite the absence of transporation as a barrier.

The single respondents did not differ from the other groups in a subjective rating of their health. Sixty-seven percent considered their health to be good or excellent. The majority (67%) indicated that their health remained the same over a five year period. The single respondents reported the fewest health conditions and the fewest interfering health conditions. The single respondents did not differ from other groups in their use of the health care system.

The majority of single respondents (73%) had no disabilities; nine percent had three or more. The single respondents who reported disabilities reported most difficulty with housework and shopping. The single respondents were more likely than the married or previously married respondents to report a disability with shopping.

The single respondents were the least likely to receive assistance with day to day activities (38%). When they did receive assistance it was most frequently in relation to yardwork, heavy housework and shopping.

The single respondents were most reliant on paid help (42%) and neighbours/friends (32%) for assistance. They relied on these two sources of assistance to a greater extent than the married or previously married respondents. When asked if they could use any additional assistance with 22 day to day activities, the single respondents voiced the fewest requests. The requests made were primarily for help with heavy housework.

In evaluating various housing options, the single respondents expressed most interest in moving into a supportive housing arrangement (77%) should they be unable to care for their own needs. Of the three groups, single persons showed the greatest interest in moving in with friends.

The single respondents differed from the other groups in their transportation use. They were the most likely to walk, to use public transportation and to use taxis. The single respondents were also the most likely to report transportation problems (14%).

The Childless

It is apparent that children play a significant role in the lives of older adults. However, there is little known about the living situations of older persons without children. This profile was created with a view to documenting the lives of the childless elderly and the special requirements these individuals have on a day to day basis. To place the circumstances of these respondents into context, the childless respondents are compared to the respondents with children.

Eighteen percent of the total sample were childless. The proportion of childless respondents varied across areas, with the highest proportion residing in Toronto (25%).

The childless respondents had several distinguishing demographic characteristics. They were more likely than the respondents with children to be women, to fall into the lowest income group, to reside in apartments, to rent their housing, and to live alone. They were less likely to be married.

In regards to social contacts, the childless respondents maintained fewer and less frequent contacts with family members than the respondents with children. Seven percent had no family contacts. The groups did not vary in their contacts with friends.

The health status of the childless respondents differed from the respondents with children. The childless respondents were less likely to report the interference of health in day to day activities. They also reported fewer health conditions and fewer interfering health conditions.

Despite the fact that the childless respondents appeared to have a somewhat better health status than their counterparts with children, the two groups did not differ significantly in their visits to family doctors or visits to specialists. The childless respondents were less likely to be hospitalized than the respondents with children. However, once hospitalized, the childless respondents remained in the hospital for longer periods of time.

The ability of the two groups to personally carry out nine ADLS was analyzed and compared. No significant differences were found between groups in either the number of respondents who reported difficulty with or an inability to carry out the activities or the disabilities reported.

Although the childless respondents were not less likely to report disabilities, they were less likely to receive help with day to day activities. Forty-one percent of the childless respondents received no assistance with day to day activities, compared to 51% of the respondents with children. No statistically significant differences were found between groups in the number of respondents who voiced requests for additional help.

The sources of assistance used by the two groups differed in a number of ways. It is noteworthy that, whereas the respondents with children received the largest proportion (32%) of assistance from their offspring, the childless respondents received the most substantial proportion (32%) of assistance from paid help. The childless respondents were also more likely to rely on the help of neighbours/friends.

Interest in various housing options varied between the childless respondents and the respondents with children. The childless respondents were more likely to express interest in moving in with friends, and less likely to report interest in staying at home with family/friends to assist.

In regard to transportation use, the childless generally drove themselves when going shopping, to medical appointments and social occasions. They were less likely than the respondents with children to be driven by family, but more likely to use public transportation, taxis and to be driven by friends.

Income Groups

The USCO findings were analysed to examine the distinguishing characteristics of persons at various income levels. The reason for this consideration was grounded in the assumption that income can be a significant contributing factor to both lifestyle characteristics and access to resources.

The respondents were asked to indicate their sources of income and their total monthly income combined with their spouse.

The respondents received income from a number of sources. The most frequently reported sources of income were Old Age Security, Canada Pension Plan and interest from savings and earnings from investments. Over one-third of the respondents received the federal income supplement, (GIS); less than one-fifth received the provincial income supplement (GAINS-A).

Upon an inspection of the distribution of incomes, four groups were created for analytical purposes: a) below $600* per month; b) $600-799 per month; c) $800-999 per month; d) $1,000+ per month. Twenty-seven percent of the seniors were in the lowest group, 15% were in the second group, 19% were in the third group, and 39% were in the highest group.

The findings of the USCO survey suggest significant differences across groups. It is noteworthy that the difference tended to follow a linear pattern. Lower incomes were associated with older respondents, women and the non-married respondents, particularly widows. The respondents with lower incomes also were less likely to be living in houses, to own their home or to live with others.

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* During July 1982, when the study was conducted the federal and provincial governments guaranteed the following total payments through the Old Age Security; Guaranteed Income Supplement and Gains-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

As income increased, there was less likelihood of problems with transportation, receipt of assistance, and requests for additional assistance. An increase in income was associated with better health status, more social contacts and increased participation in recreational activities.

Rural-Urban Differences

Rural-Urban differences were given specific attention in the analysis of the USCO data. The reason for this examination was grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they live. Elderly persons in Ontario reside in communities of various sizes and an understanding of the rural-urban differences was considered vital to the study.

The distinguishing characteristics of the rural elderly were identified by a comparison of the rural population as a whole to three urban populations. For purposes of the analysis the two smallest urban centres were combined (Penetanguishene, Brockville) and the two midsized urban centres were combined (Sault Ste. Marie, Windsor). The four units of comparison were rural (20%), small urban (18%), middle-sized urban (31%) and Toronto (31%).

The rural respondents had several distinguishing demographic characteristics. They were more likely than the urban respondents to be men, to be married, to have less than nine years of formal education, to live in houses, and to own their residence. They were the least likely to be in the highest income group. The ethnic composition in rural areas was the most homogenous with 79% of the respondents being of British origin.

In regard to social contacts the rural respondents were more likely than the urban respondents to have contact with children, and they maintained a greater number of family contacts than did the urban respondents.

Significant differences were found between the rural and urban communities in relation to participation in leisure activities. Rural respondents were more likely than urban respondents to be involved in gardening, going for drives and having family come to visit. The rural respondents were less likely to attend theatre.

The rural respondents were more likely than the respondents in small urban communities or the middle-sized urban communities to cite cost as a barrier to their involvement in recreational activities. Forty-five percent of the rural respondents reported that the fact that the activities were too expensive kept them from participating to the extent they desired. It is noteworthy that cost was cited as a barrier by an equal proportion of respondents in Toronto and the rural areas.

The examination of seven variables as a composite measure of health status did not reveal major differences between the rural and urban respondents. The only statistically significant differences pertained to the type of health conditions reported by the respondents. The rural respondents were the most likely of all respondents to report heart trouble and they were more likely than the persons in the largest urban centres to report heart attacks.

Although there were not major differences in health status between the rural and urban respondents, differences across communities were found in the use of the health care system. The rural respondents made more frequent visits to their family doctors; 37% had visited their family doctor ten or more times in the previous year. The rural respondents were the least likely to see medical specialists or to be hospitalized.

With respect to ADLS, the rural respondents were the least likely to report any disabilities. The disabilities most commonly reported by rural respondents were heavy housework and shopping.

There were no significant differences across communities in the amount of assistance received with day to day activities. However, the rural respondents were the least likely of all respondents to receive assistance with paying bills; and they were less likely than the middle-sized urban respondents and the Toronto respondents to receive assistance in going out in bad weather.

The rural respondents were the least likely to rely on family members for assistance, and more likely to rely on neighbours and friends. No statistically significant rural-urban differences were found in relation to the use of community services.

Less than one-fifth of the rural respondents reported requests for additional assistance. The proportion of rural respondents requesting additional assistance is the same as the proportion requesting assistance in the middle-size urban communities; and smaller than the proportion requesting assistance in either the small urban communities or Toronto. The activities with which the rural elderly most frequently requested assistance were yard work, heavy housework and house repairs.

Interest in various housing options did not differ significantly by community of residence. The largest proportion (73%) of rural respondents were interested in moving into supportive housing arrangements; followed by staying home with community services to assist (64%).

Rural-urban differences were apparent in the modes of transportation used to go to shopping, to medical appointments and to social activities. Rural respondents were more likely than urban respondents to either drive themselves or be driven by others to all three activities. The likelihood of a private vehicle being the principle mode of transportation decreased as community size increased. Rural respondents were also the most likely to walk to medical appointments and social activities. They were the least likely to use taxis or public transportation. Almost one-fifth (19%) of the rural respondents requested assistance with transportation. The most frequent request was for improvements of public transportation.

6. CONCLUSION

This overview paper provides a summary of the major findings of the USCO study. The discussion was divided between the life of the elderly in the community and profiles of specific life situations. The emphasis in this paper has been on a presentation of the trends relating to the major issues. A more complete discussion of the findings is found in the other papers in the USCO series.

The USCO survey revealed many significant findings. It is very apparent that the life circumstances of the elderly in Ontario vary a great deal. The elderly population cannot be grouped together and assumed to be experiencing life in a similar manner. Regardless of the issues being examined, age and health status appear to be the most critical influence on the elderly persons life. Increased life expectancy points to an increase in the elderly population and likewise an increase in the oldest portion of the elderly population (85+). Future planning for the Ontario population requires a recognition of the growth of the elderly population, as well as the diversity in the life situations of the elderly. The survey has pointed to a number of significant factors influencing the lives of older persons which require consideration in future planning endeavours.

APPENDIX 1

Tables

TABLE 1: THE ABILITY OF THE RESPONDENTS TO PERFORM ACTIVITIES OF DAILY LIVING (ADLS)
(NUMBER AND PERCENTAGE)

ADLS

	Able to Perform		Disability*		Total**	
	(N)	%	(N)	%	(N)	%
Housework	(655)	78	(188)	22	(843)	100
Shopping	(713)	85	(130)	15	(843)	100
Bath	(774)	92	(72)	8	(846)	100
Meal Preparation	(778)	92	(64)	8	(842)	100
Use Telephone	(785)	93	(58)	7	(843)	100
Handle Money	(788)	93	(56)	7	(844)	100
Dress	(832)	98	(14)	2	(846)	100
Take Care of Appearance	(832)	98	(14)	2	(846)	100
Get in and out of Bed	(833)	99	(13)	1	(846)	100

* Defined as difficulty in carrying out the activity or the inability to do the activity

** 15 missing observations

TABLE 2: TYPE OF TRANSPORTATION PROBLEMS EXPRESSED BY RESPONDENTS WITH RESPECT TO GOING SHOPPING, GOING TO MEDICAL APPOINTMENTS AND GOING TO SOCIAL OCCASIONS (NUMBER AND PERCENTAGE[1])

Problems With Transportation Related to:

	Shopping (N) (n = 845)	%	Medical Appointments (N) (n = 845)	%	Social Activities (N) (n = 845)	%
Public Transportation Inconvenience	(7)	15	(4)	10	(4)	12
Transportation Expensive	(3)	6	(3)	8	(1)	3
Unable to Use Public Transportation	(4)	8	(3)	8	-	-
No Public Transportation	(3)	6	(2)	5	(4)	12
No Person to Ask	(26)	53	(23)	59	(20)	61
Dislikes Depending on Others	(6)	12	(4)	10	(4)	12
Total*	(49)	100	(39)	100	(33)*	100

* 1 missing observation

1 Each percentage is calculated on the basis of the relevant N.

Table 3: NUMBER AND PERCENTAGE[1] OF RESPONDENTS BY THEIR LEISURE INVOLVEMENTS

(n = 846)

Activity	(N)*	(%)
Visits from Family	(775)	93
Phone Family	(757)	91
Go Visit Family	(737)	88
Visits from Friends	(733)	87
Reading	(736)	87
Phone Friends	(687)	82
Take Walks	(671)	79
Go Visit Friends	(664)	79
Go for Drives	(630)	75
Church/Synagogue	(567)	67
Table Games	(543)	65
Travel	(530)	63
Entertain	(510)	61
Garden	(479)	57
Handicraft/Artistic Hobbies	(412)	49
Clubs	(328)	39
Theatre	(293)	35
Volunteer Work	(228)	27
Go to Sports Events	(205)	25
Sports	(154)	18
Help at Election Time	(92)	11

* 152 Missing observations

1 Each percentage is calculated on the basis of the relevant N.

TABLE 4: AGE GROUP OF RESPONDENTS BY THE TYPE OF DISABILITIES* REPORTED (NUMBER AND PERCENTAGE[1])

(n = 846)

	Age Group					
	62-74		75-84		85+	
	(N)	%	(N)	%	(N)	%
Use Telephone	(19)	4	(28)	10	(11)	17
Shopping	(45)	9	(57)	21	(27)	44
Prepare Meals	(20)	4	(33)	12	(10)	16
Heavy Housework	(82)	16	(71)	26	(34)	54
Handle Money	(19)	4	(24)	9	(13)	21
Dress	(3)	1	(7)	3	(4)	6
Take Care of Appearance	(2)	1	(8)	3	(4)	6
Get In and Out of Bed	(2)	1	(7)	3	(4)	6
Bath	(18)	4	(35)	13	(19)	30

* Disability is here defined as difficulty in carrying out this activity or the inability to do the activity.

1 Each percentage is calculated on the basis of the relevant N.

TABLE 5: TYPE OF DISABILITIES* REPORTED BY RESPONDENTS WHO WERE FRAIL (NUMBER AND PERCENTAGE[1])

(N = 846)

Disability	Frail Respondents**	
	(N)	%
Heavy Housework	(78)	93
Shopping	(77)	92
Bath	(57)	67
Prepare Meals	(50)	60
Handle Money	(45)	53
Use Telephone	(32)	38
Dress	(14)	16
Take Care of Appearance	(14)	16
Get In and Out of Bed	(13)	15

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

** Frail Respondents are defined as the person who indicated a disability in relation to three or more of the nine ADLS.

1 Each percentage is calculated on the basis of the relevant N.

APPENDIX 2

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.

2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.

3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.

4. Elderly Residents in Ontario: Their Use of Transportation.

5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.

6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.

7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.

9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.

10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.

11. Elderly Residents in Ontario: Difference by Marital Status with Particular Focus on those who are Single.

12. Elderly Residents in Ontario: Income Group Differences.

13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.

15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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APPENDIX 3

GLOSSARY

Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.

Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).

Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.

Community Agency/ Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.

Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.

Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.

Dependent Variable: the outcome or determined condition in a relationship between two or more variables.

Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)

Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.: Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean ($\bar{X}$): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby an analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons who receive the Old Age Security Pension and the Spouse's Allowance.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married: individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample: a process for sample selection in which every element in the population is given an equal chance of being picked.

Represenativeness: the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.: a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS: Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample: part of the population at large, selected for study.

Sample Frame: the base from which a sample is drawn, i.e., list of names.

Significant Differences: determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single: persons who have never been married or are not living common-law.

Social Contacts: visits with friends and family or in person.

Socio-Economic: characteristics frequently used to measure social status such as educational level or income.

Stratified Sample: a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements: a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable: refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.